

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-017047**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 148

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

**FILED MAY 1 1963**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		Length of stay in 1b <b>3 days</b>	c. CITY OR TOWN <b>Knob Noster</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Newton</b> Middle <b>O.</b> Last <b>McDonald</b>		4. DATE OF DEATH Month <b>April</b> Day <b>28</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9/20/84</b> 9. AGE (last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Painting</b>	11. BIRTHPLACE (City and state or country) <b>Knob Noster, Mo.</b> 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John O. McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Howard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b> 17. INFORMANT <b>Mr. Ike Morley, Knob Noster, Mo.</b> Address <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple rib fractures, pneumothorax</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Automobile accident</b> DUE TO (b) <b>Automobile accident</b> DUE TO (c) <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female: was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Automobile accident</b>	
20c. TIME OF INJURY Hour <b>4:30</b> Minute <b>30</b> Month, Day, Year <b>4/26/63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 50</b>		20f. CITY, TOWN, OR LOCATION <b>Knob Noster Mo.</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>April 26, 1963</b> to <b>April 28, 1963</b> and last saw her alive on <b>April 27, 1963</b> . Death occurred at <b>5:15 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John E. Harry MD.</b> (Degree or title)		22b. ADDRESS <b>1609 S. Limit Sedalia Mo.</b> 22c. DATE SIGNED <b>4/28/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/30/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Knob Noster Cemetery</b> 23d. LOCATION (City, town, or county) <b>Knob Noster, Missouri</b> (State)	
24. FUNERAL DIRECTOR <b>Sweeney-Phillips, Warrensburg, Mo.</b> ADDRESS <b>[REDACTED]</b>		25. DATE RECD. BY LOCAL REG. <b>April 28, 1963</b> 26. REGISTRAR'S SIGNATURE <b>Frances Shelby per D. Anderson</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 **0808**

2 **0510**

3

4 **0**

5 **3**

6

7 **0**

8 **2**

9 **X**

10

11 **051**

12 **1-0**

13 **1-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.